DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10982211-1

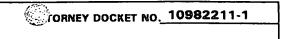
As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (If only one name is listed below) or an original, first and

MEDICAL MANGATOR AND	SYSTEMS THEREFOR		·			
the specification of which is	attached hereto unless the	following box is che	cked:			
•	as US Application Serial No. or PCT International Application and was amended on (if applicable).					
I hereby state that I have re	eviewed and understood tended by any amendment(the contents of the (s) referred to above	above-identified specification, . I acknowledge the duty to			
Foreign Application(s) and/or Claim I hereby claim foreign priority bene inventor(s) certificate listed below a a filing date before that of the appli	fits under Title 35, United State and have also identified below an	y foreign application for p	ny foreign application(s) for patent or atent or inventor(s) certificate having			
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119			
			YES: NO:			
			YES: NO:			
Provisional Application						
I hereby claim the benefit under Tobelow:	itle 35, United States Code Sect	ion 119(e) of any United	States provisional application(s) listed			
	APPLICATION SERIAL NUMBER	FILING DATE				
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	Code of Federal Regulations, Sec	tion 1.56(a) which occurre	prior United States application in the owledge the duty to disclose material ad between the filing date of the prior			
application and the national or PCT APPLICATION SERIAL NUMBER	Code of Federal Regulations, Sec	tion 1.56(a) which occurre oplication:	owledge the duty to disclose material			
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DECLARATION AND POVER OF ATTORNEY FOR PATENT APPLICATION (continued)



Full Name of # 2 joint inventor:	John McIntyre D uglass		Citizenship:	U.S.A.
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P st Office Address;	Same as Residence	.	- <u></u>	· · · · · · · · · · · · · · · · · · ·
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Inventor's Signature		Date		· · · · · · · · · · · · · · · · · · ·
Full Name of # 3 joint Inventor	:		Citizenship:	
Residence:				·.
Post Office Address:				
Inventor's Signature		5-1-	<u> </u>	
inventor a dignature	•	Date		
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Full Name of # 4 joint Inventor	· · · · · · · · · · · · · · · · · · ·	· · ·	Citizenship:	
Residence:	/			
Post Office Address:				
Inventor's Signature		Date		
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Full Name of # 5 joint invento	••		Citizenship:	
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Residence:				
Post Office Address:			•	
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Full Name of # 6 joint invento	r:		Citizenship:	
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Post Office Address:				
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Inventor's Signature	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Date		,
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Full Name of # 7 joint invento	or;		Citizenship	
Residence:			·	
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 8 joint invent	or:		_ Citizenship	
Residence:				
Post Office Address:				
Inventor's Signature		Date		·
2	•	Date		